

Eastern Operating Engineers Federal
Credit Union
16-16 Whitestone Expressway
Whitestone, NY 11357
(718)-847-0202 Fax (718)-847-2525

APPLICATION AND
SOLICITATION
DISCLOSURE

VISA

VISA GOLD

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	3.99%
APR for Balance Transfers	3.99%
APR for Cash Advances	3.99%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50 .
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .
Fees	
Transaction Fees - Foreign Transaction Fee	1.00% of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$25.00 Up to \$25.00

How We Will Calculate Your Balance:

We use a method called "average daily balance (including new purchases)."

Minimum Interest Charge:

The minimum interest charge will be charged on any dollar amount.

Effective Date:

The information about the costs of the card described in this application is accurate as of: September 20, 2021
This information may have changed after that date. To find out what may have changed, contact the Credit Union.

For California Borrowers, the Visa Gold is a secured credit card. Credit extended under this credit card account is secured by various personal property and money including, but not limited to: (a) any goods you purchase with this account, (b) any shares you specifically pledge as collateral for this account on a separate Pledge of Shares, (c) all shares you have in any individual or joint account with the Credit Union excluding shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law, and (d) collateral securing other loans you have with the Credit Union excluding dwellings.

Other Fees & Disclosures:

Late Payment Fee:

\$25.00 or the amount of the required minimum payment, whichever is less, if you are 15 or more days late in making a payment.

Returned Payment Fee:

\$25.00 or the amount of the required minimum payment, whichever is less.

Card Replacement Fee:

\$25.00.

IOANUNER

SEE NEXT PAGE for more important information about your account.

Document Copy Fee:

\$10.00.

Emergency Card Replacement Fee:

\$25.00.

Rush Fee:

\$25.00.

**Eastern Operating Engineers Federal
Credit Union**

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Whitestone, NY 11357
(718)-847-0202 Fax (718)-847-2525

PLEASE SUBMIT COPIES OF
YOUR LAST 2 PAYSTUBS WITH
YOUR APPLICATION

VISA

CREDIT CARD APPLICATION

There are costs associated with the use of a credit card. Information about costs, rates, and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at (718) 847-0202 or writing to us at the address stated on this application.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if

1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.

Joint Credit: Each Applicant must individually complete appropriate section below. If Co-Applicant is spouse of the Applicant, mark the Co-Applicant box.

Credit Card Account: ☐ Individual ☐ Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant Signature X (Seal)	Date	Co-Applicant Signature X (Seal)	Date
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Credit Limit Requested \$
Purpose/Collateral:

If Authorized User, Name:

APPLICANT

NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER	
BIRTH DATE	EMAIL ADDRESS	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
DRIVER'S LICENSE NUMBER/STATE	AGES OF DEPENDENTS	
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
MORTGAGE/RENT OWED TO		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		

OTHER ☐ CO-APPLICANT ☐ SPOUSE ☐ GUARANTOR ☐ OTHER

NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER	
BIRTH DATE	EMAIL ADDRESS	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
DRIVER'S LICENSE NUMBER/STATE	AGES OF DEPENDENTS	
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
MORTGAGE/RENT OWED TO		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		

EMPLOYMENT/INCOME

EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK	
START DATE:	
NAME AND ADDRESS OF EMPLOYER	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME PER \$	OTHER INCOME PER \$
TITLE/GRADE	SOURCE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS	
STARTING DATE	ENDING DATE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE ENDING/SEPARATION DATE	

EMPLOYMENT/INCOME

EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK	
START DATE:	
NAME AND ADDRESS OF EMPLOYER	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME PER \$	OTHER INCOME PER \$
TITLE/GRADE	SOURCE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS	
STARTING DATE	ENDING DATE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE ENDING/SEPARATION DATE	

REFERENCE		REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE

STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Wisconsin Residents: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
X	(Seal)

CREDIT CARD CONSENSUAL SECURITY INTEREST

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest.

Consensual Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Consensual Security Interest Acknowledgement and Agreement	Date
X	(Seal)

SIGNATURES

By signing or otherwise authenticating below:

- You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received and for other accounts, products, or services we may offer you or for which you may qualify. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.
- You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <small>(Adverse Action Notice Sent)</small>	CREDIT CARD LIMIT \$	NUMBER OF CARDS	CREDIT CARD NUMBER
		DEBT RATIO/SCORE: BEFORE	AFTER	

LOAN OFFICER COMMENTS:

Credit Committee or Loan Officer Signatures	Date
X	(Seal)

Credit Committee or Loan Officer Signatures	Date
X	(Seal)



CMFG Life Insurance Company

Home Office:
2000 Heritage Way
Waverly, IA 50677
Administrative Office:
5910 Mineral Point Road
Madison, WI 53705
Phone: 800.356.2644

**MONTHLY PREMIUM
LIFE AND DISABILITY (SINGLE OR JOINT)
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

Credit Card

SCHEDULE OF CREDIT INSURANCE			
Credit Union/Primary Beneficiary Eastern Operating Engineers Federal Credit Union		Group Policy Contract No. 031-1987-5	
Borrower 1 Name and Address		Email Address	
		Birth Date	
Borrower 2 Name and Address		Email Address	
		Birth Date	
Account No.		Secondary Beneficiary	
Rate(s) per \$1000 of Your monthly Loan balance			
Single Life \$0.54		Joint Life \$0.87	Single Disability \$2.24
		Joint Disability \$	N/A
Insurance Applied For		Applicable Maximums	
Life Insurance			Life
Who do You want covered by life insurance?			Disability
Check only one:		Maximum Monthly Disability Benefit	N/A
<input type="checkbox"/> Only borrower 1 (single)	<input type="checkbox"/> Both borrowers (joint)	Total Benefit Maximum	\$600.00
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)	<input type="checkbox"/> Neither borrower		\$30,000.00
Disability Insurance		Maximum Issue Age	70
Who do You want covered by disability insurance?		TERMINATION AGE	66
Check only one:			
<input type="checkbox"/> Only borrower 1 (single)	<input checked="" type="checkbox"/> Both borrowers (joint)		
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)	<input type="checkbox"/> Neither borrower		
Waiting Period		Benefits Begin	
14 days		Retroactive	

CI-MP-SCH-OECE NY

ELIGIBILITY REQUIREMENTS:

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

EVIDENCE OF INSURABILITY QUESTIONS:**INSTRUCTIONS:**

Applicants for disability insurance: You must answer the Actively at Work Question.

Actively at Work Question**Mark as appropriate**

Are You actively at work, in the full performance of all the essential functions of Your occupation, for 25 hours or more per week on the date You sign this application?
You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.

Borrower 1 Borrower 2
☐ Yes ☐ No ☐ Yes ☐ No

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- Credit Insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.
- You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.
- This insurance contains certain terms and exclusions, as explained in both Part A and Part B of the certificate.
- The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are summarized in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

FRAUD WARNING-DISABILITY COVERAGE ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature

Date

X

Borrower 2 Signature

Date

X